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TO: Jastine Rider FROM: Les RousseauFAX NUMBER: 1571-273-8300 SENDER'S PHONE #: 720 275 9640DATE: 10/23/07 # OF PAGES: \_\_\_\_\_Customer's Notes: APPLICATION #101733008  
ART UNIT 2626  
NOT UNIT 1700

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X \_\_\_\_\_  
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**Store Information**

Office Depot  
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Aurora, CO 80012  
Phone: (303) 743-0444  
Fax: (303) 743-0086  
E-mail: ods00420cpc@officedepot.com  
Store Manager: Don Bonney  
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**NOTICE REQUIRING EXTENSION OF TIME FEE**  
**No New Time Period is Provided**Application No.  
10/733,008Applicant(s)  
ROUSSEAU, LESLIEArt Unit  
1700**RECEIVED**  
**CENTRAL FAX CENTER**

OCT 23 2007

*WRONG 10/10/07*

Applicant's reply to the Office Action mailed on 11 October, 2007 was received in the Office on 10/11/2007, which is after the expiration of the period for reply set in the Office action. The time period for reply continues to run from the mailing date of the Office action. This application will become ABANDONED unless applicant obtains an extension of time by filing a petition under 37 CFR 1.136(a) accompanied by the appropriate fee as set forth in 37 CFR 1.17(a)(1)-(5) within the maximum extendable time period for reply (e.g., six months for a reply to a non-final rejection).

The date on which the petition under 37 CFR 1.136(a) and the appropriate extension fee have been filed is the date for purposes of determining the period of extension and the corresponding amount of the fee due. The expiration of the time period is determined by the amount of the fee paid. In no case may an applicant reply later than the maximum period of SIX (6) MONTHS statutory period or obtain an extension for more than FIVE (5) MONTHS beyond the date for reply set forth in an Office action.

- ☐ 1. The appropriate extension of time fee is missing.
- ☒ 2. The extension of time fee submitted is insufficient.
- ☐ 3. The funds in Deposit Account No. are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☐ 4. The Credit Card payment to cover the entire fee due to Account (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☒ 5. Other.

**Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):**

You should have sent in a fee for 4 mths and not 3mths you are a day late the response was due in 10/10/2007 a fee of \$295 for 4mths. Please send that fee in or authorization to charge deposit acct.

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.17 & 1.21). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

**Service Charges:** There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Technical Support Staff (TSS): Crystal Queen

Telephone Number: 571-272-1041

**Note to TSS: Please do NOT use this notice if the application is under a final rejection.**

U.S. Patent and Trademark Office

Part of Paper No. 20071018-2

PTOL-319A (Rev 5-05)

**NOTICE REQUIRING EXTENSION OF TIME FEE**

Dear Justine,

Here is Proof that my Respons  
To you ~~is~~ was mailed on 10/10/07  
via fedx.

The issue of abandonment goes  
away. Please Signify Receipt  
of the fax my calling me to  
confirm that there is no need  
for any kind of Petition to  
reopen my application because  
it was sent on 10/10/07 as required  
there is <sup>no</sup> preferred way to mail the  
response on your web site.

Thanks

Les

Z. J. S. S. S.

**FedEx** US Airbill  
Express

 FedEx  
Tracking  
Number

8627 9486 1235

Sender's Copy


 From *Please print and print clearly*  
 Date 10/10/07 Sender's FedEx Account Number 3397-0664-6  
 Sender's Name LESLIE ROUSSEAU Phone 720.275-9640

 Company \_\_\_\_\_  
 Address 1100 S. Moline St  
 City Aurora State CO ZIP 80012

 Your Internal Billing Reference \_\_\_\_\_ OPTIONAL  
 (This 24 characters will appear on invoice.)

 To Recipient's Name JUSTINE RIDEK Phone 571.270-1068  
 Company US DEPT of Commerce USPTO 2626

 Recipient's Address PO BOX 1450  
 (We cannot deliver to P.O. boxes or P.O. ZIP codes.)

 Address COMMISSIONER FOR PATENT  
 City ALEXANDRIA State VA ZIP 22313-1450

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 Sign up your shipping. Manage your account. Access online tools.

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☐ FedEx 2Day Second business day, Monday through Friday. Saturday delivery NOT available.  
☐ FedEx Express Saver Third business day, Monday through Friday. Saturday delivery NOT available.

**4b Express Freight Service** Packages over 150 lbs.  
☐ FedEx 1Day Freight Next business day, Monday through Friday. Saturday delivery NOT available.  
☐ FedEx 2Day Freight Second business day, Monday through Friday. Saturday delivery NOT available.  
☐ FedEx 3Day Freight Third business day, Monday through Friday. Saturday delivery NOT available.

**5 Packaging**  
☒ FedEx Envelope\*  
☐ FedEx Pak\*  
☐ FedEx Box\*  
☐ FedEx Tube\*  
☐ Other\*

**6 Special Handling**  
☐ SATURDAY Delivery NOT Available for FedEx Priority Overnight, FedEx Express Saver, or FedEx 2Day Freight.  
☐ HOLD Warehousing at FedEx Location NOT Available for FedEx Priority Overnight and FedEx 2Day to select locations.  
☐ HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.  
☒ No  
☐ Yes  
☐ Yes  
☐ Yes  
☐ Dry Ice  
☐ Cargo Aircraft Only

**7 Payment** Bill to:  
☐ Sender  
☐ Recipient  
☐ Third Party  
☐ Credit Card  
☐ Cash/Check

 FedEx Account No. \_\_\_\_\_  
 Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ Total Declared Value\* \$ 00

\*Declared value limit \$500. To insure your shipment for more than \$500, you must declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and print current FedEx Account Number, including name and address label.

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